

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1002**  
City..... (No. **2130 E. Fair Ave**)

24705  
File No.....  
Registered No. **6106**  
St. .... Ward)

## 2. FULL NAME

**Louisa Hotfielder**  
(a) Residence, No. **2130 E. Fair Ave**, St. **9** Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Hotfielder**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-8-1859**  
7. AGE YEARS **74** MONTHS **0** DAYS **4** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo** (STATE OR COUNTRY)

13. NAME **William Schmunkauf**  
14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Hennette Koch**  
16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Joseph Hotfielder** (ADDRESS) **2130 E. Fair Ave**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary** DATE **7-14**, 19**33**

19. UNDERTAKER **W. A. Stock and Co** (ADDRESS) **2117 E. Grand Blvd**

20. FILED **12 1933** **J. F. Brudeck** Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17**, 19**33**

22. I HEREBY CERTIFY That I attended deceased from **July 7<sup>th</sup>** 19**33** to **July 17**, 19**33**  
I last saw him alive on **July 11**, 19**33** Death is said to have occurred on the date stated above, at **12:45 A** m.

The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis** Date of onset **?**

Other contributory causes of importance: **Arteriosclerosis** **?**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **Seth P. Smith**, M. D.

(Address) **4500 Clarence**

4500 Clam

Oct. 0874

5035 Bday. Oct. 2905